



## **Executive Summary**

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## **Authorship**

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## Preface

This executive summary highlights findings of the *Sightlines* project which identified issues impacting occupational therapy practice in Alberta. The research was commissioned by the Alberta College of Occupational Therapists and conducted by the Rehabilitation Research Centre at the University of Alberta.

This study is a beginning – of discovery, of dialogue and of action. The College invested in hearing the voices of occupational therapists in Alberta. It is our intent that this document provides a picture, albeit a complex, sometimes contradictory picture, into the practice of occupational therapists in Alberta. *Sightlines* contains “real” data that calls for real action from a variety of stakeholders.

Research Questions and Overview of Methodology: The *Sightlines* research project was conducted using a two-phase sequential mixed method approach. The first phase of the research addressed the question “*What are the priority issues, both current and emerging, of concern to occupational therapists practicing in Alberta?*”. Focus groups and key informant interviews were held in key and varied locations across Alberta. As the issues were identified in the focus group discussions and interviews, perspectives were then sought from the participant occupational therapists on Question #2: “*How and to what degree do you identify these issues impacting current and future occupational therapy services in Alberta?*”

The findings from Phase 1 informed the development of a web-based survey in Phase 2 which gathered information to address Question #3: “*From your primary practice setting, do these issues impact the provision of occupational therapy services in Alberta?*”. Additionally, the survey gathered information regarding the participant occupational therapists’ practice demographics in order to answer Question #4: “*What relationship(s), if any, exist between issues of concern to occupational therapists and the context and characteristics of their practice?*”.

Ethics Approval: Approval for Phase 1 was received from the Health Research Ethics Board of the University of Alberta in January 2008. Phase 2 approval was received July 2008.

Phase 1: Eight focus groups and nine key informant interviews were held in Phase 1. Participants came from diverse backgrounds, including clinical (acute, community based, continuing care) roles, program development/administrative/policy development roles, school-based roles (both employee and contract roles), private practice (pediatric, adult and medical legal) and education. Participants represented occupational therapists from large and medium urban centres, rural and remote regions across Alberta. Two interviews were conducted on the telephone. All focus groups and key informant interviews were digitally recorded,

transcribed and analyzed. Written consent forms were completed by each participant. (Verbal consent was given for the telephone interviews.)

The focus groups and key informant interviews generally adhered to a common format. The facilitator outlined the overall goals of the *Sightlines* project and specifically described the goals for Phase 1. Participants were reminded that they were being asked to share *their* perceptions and opinions about key issues in the delivery and quality of occupational therapy services in Alberta.

Participants began by sharing information about their current practice. Then the discussion moved into discussing broader questions: *“Assuming the Canadian Model of Occupational Performance is a near-ideal model of practice for occupational therapy, think about your practice and tell me/us about the points of good and poor fit, “ and “Tell me/us about the factors that facilitate or hinder working within the Canadian Model of Occupational Performance,” and “What key issues are impacting the quality of occupational therapy practice in Alberta?”.*

Phase 1 Findings: Four broad categories of key issues in the delivery and quality of occupational therapy services in Alberta were identified from the Phase 1 data: practice support, education and continuing education, client care and role of occupational therapy.

Phase 2 Survey: A web-based survey was developed based on the key issues identified from Phase 1 focus groups and key informant interviews (see Appendix 1). Questions were framed across each of the four categories of practice support, continuing education, client care and role of occupational therapy and within the constructs of knowledge, satisfaction and opinion.

Each section (knowledge, satisfaction and opinion) contained a statement with a response range of 1 (very dissatisfied/ strongly disagree/ very uninformed) – 5 (very satisfied/ strongly agree/ very informed) plus “not applicable”. Participants who practiced in more than one setting were asked to respond based on their experience within their primary practice setting.

## Phase 2 Findings:

*Demographics of respondents:* Six hundred and forty five occupational therapists completed the *Sightlines* survey. The average age of respondents was 38.3 (range 22 – 70 years old). Ninety two percent of the respondents were female who had been in practice on average 13.6 years (range <1 year to > 40 years). Slightly over two-thirds of the respondents reported practicing in an urban practice location (67.05%). Rural (~16%), mixed rural/urban (~16%) and remote (~<1%) respondents constituted the remaining respondents. Approximately three out of five respondents to the survey worked within direct service provider roles. School-based practice was the next most represented primary occupational therapy role (13.02%). Educators, researchers and industry-based occupational therapists were least represented in this survey respondent group (1.7%, .5% & .33% respectively). The current practice setting most represented by respondents was community care (27.29%), followed by acute care (17.27%), school (14.34%) and rehabilitation facility (11.05%). Almost 60% of respondents worked with a client population that was 18 years or older and approximately 30% of respondents worked with clients from 0-18 years of age. The remaining respondents worked with a mixed client case load or indicated the data was not applicable. The majority of respondents worked between 30-39 hours per week.

*Practice Support:* The findings indicated that a small majority of occupational therapists overall felt positive about the support they received in their practice. Approximately 25% to 33% of all respondents across all questions about practice support chose to respond “neutral”. This high proportion of neutral responses indicates an unfavourable of practice support, as “neutral” indicates that practice support is not positive or not present. Approximately 57% of respondents were satisfied or very satisfied with support from management within their primary practice setting. Only 13.78% indicated decision-makers were informed or very

informed about occupational therapy. One third of respondents were satisfied with occupational therapy staffing.

"I have enjoyed being a practicing O.T. in Alberta for many years. However, there are frustrations with staffing, funding for O.T. services, physical space, and the cyclical ups and downs of health care services in Alberta. Many of these issues have not changed a great deal in the last 30 years." (Respondent #3)

Only 7% of respondents agreed or strongly agreed that occupational therapy has a strong voice at the provincial level.

"Need strong voice for the public & system decision makers for occupational therapy". (Respondent #321)

#### *Education and Continuing Education:*

With reference to the education of occupational therapists, slightly less than 20% of the respondents indicated that new graduate occupational therapists were informed or very informed.

"We can graduate as many masters as we want, but rather than the consultant role, I think we need to have a commitment to the public and have qualified, expert people delivering the front line patient care." (Respondent #201 )

Approximately only 44% of respondents were satisfied with continuing education opportunities in Alberta.

"New restriction on continuing education/participation in conferences/courses outside the province of Alberta will significantly affect learning opportunities to maintain competence and increase expertise in specialized areas." (Respondent #508)

Only 44% of respondents were satisfied or very satisfied with access to continuing education opportunities in Alberta. In modest contrast, only roughly 31% of respondents were satisfied or very satisfied with the selection of

continuing education opportunities in Alberta. With reference to the education of occupational therapists, slightly less than 20% of the respondents indicated that new graduate occupational therapists were informed or very informed

"New grads have different expectations [on them] than they have had before. They do not have time to "work into the job". Depending where they work they may be expected to not only figure out how to do their job but how to supervise assistants." (Respondent #231)

Three quarters of respondents (75.87%) described the public as uninformed or very uninformed with reference to occupational therapy. The majority of respondents (~55%) felt informed about the roles of the College and the Society of Alberta Occupational Therapists.

#### *Client Care:*

Roughly only one-third of respondents (33.17%) were satisfied or very satisfied with occupational therapy staffing for basic occupational therapy services. Approximately 70% of respondents were satisfied or very satisfied with the value of the role of occupational therapy assistants in practice settings) but in contrast, approximately only 42% of respondents were satisfied or very satisfied with the manner that occupational therapy assistants were utilized.

Slightly more than one half of respondents (51.54%) were satisfied or very satisfied with ability of clients to access occupational therapy services and slightly less than 40% of respondents were satisfied or very satisfied with the continuity of care for their clients.

"The biggest challenge is a client being able to access OT services in a timely manner. Being able to access the right service at the right time....[ ] ... whether [ ] through the health system or through the education system. This is compounded by clients generally accessing OT services by other professionals (RN, teachers) making referrals to OT." (Respondent #149)

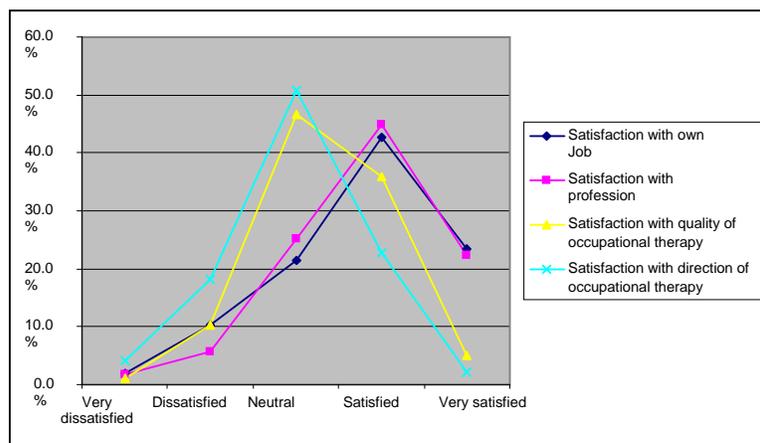
Almost 70% of respondents agreed or strongly agreed that occupational therapists should use specific standards and/or clinical practice guidelines for clinical assessments and interventions *restricted under the Health Professions Act*.

At the conclusion of the first three sections of the survey, respondents were asked to indicate their satisfaction (1 = very dissatisfied; 3 = neutral; 5 = very satisfied) on four dimensions:

- a. Job
- b. Profession
- c. Quality of occupational therapy services in Alberta
- d. Direction of occupational therapy in Alberta

Ratings of satisfaction with own job and satisfaction with the profession for respondents are very similar. Over 40% of respondents are satisfied with their profession and job and almost 25% of respondents are very satisfied.

Approximately 50% of respondents were neither satisfied nor dissatisfied with the quality of occupational therapy and the direction of occupational therapy in Alberta. The data may suggest that satisfaction of respondents with aspects of occupational therapy varies in correspondence with the respondents' sphere of control.



**Figure 1:**

**Satisfaction of respondents on four dimensions: own job, profession, quality of occupational therapy in Alberta and direction of occupational therapy in Alberta**

### **Data Analysis by Sub-Groups:**

In order to further the understanding of the survey data, analysis proceeded to examine differences across groups of occupational therapy respondents, In particular, focus was given to practice dimensions (location, type) and occupational therapists' demographics (age, place of education, educational attainment). The Full Technical Report contains a detailed discussion of the findings of the sub-group analysis.

### **Recommendations:**

Alberta College of Occupational Therapists should seek to:

- Share *Sightlines* findings with Albertan occupational therapists, the Society of Alberta Occupational Therapists and the Department of Occupational Therapy within the University of Alberta
  - Highlight key findings (e.g.: continuing education needs and occupational therapists' perceptions of new graduate occupational therapists' preparation to practice) to the Society of Alberta Occupational Therapists and the Department of Occupational Therapy.
- Work together with Albertan occupational therapists, the Society of Alberta Occupational Therapists and the Department of Occupational Therapy to develop a coordinated vision, goals and action plans in line with the mandates of each body, and with corresponding evaluation plans.
- Develop a complementary and/or joint communication strategy with the Society of Alberta Occupational Therapists targeting improvement in awareness of occupational therapy within government, policy makers, funders, management and the public at large.
- In order to contribute to quality client care, ensure ACOT verbal and written communications articulate the full scope of occupational therapy practice and the need for appropriate occupational therapy resources and

for appropriate leadership and collaborative interdisciplinary teams that respect the accountabilities of occupational therapists

- Partner with appropriate bodies (e.g.: Society of Alberta Occupational Therapists, Alberta Health Services, University of Alberta) to improve access to and selection of continuing education opportunities for occupational therapists in Alberta.
- In partnership with the University and the Society, seek to understand and meet the needs of occupational therapists from a variety of entry-level preparations and educational backgrounds
- Use appropriate opportunities to highlight the needs of clinical occupational therapists by educating management teams at the local and provincial levels.
- Assist Albertan occupational therapists to understand the accountabilities of the College, particularly in reference to registration and continuing competence.
- Develop practice standards and clinical practice guidelines in priority areas (i.e.: restricted activities) contemplating, at a minimum, the national occupational therapy context, seeking national partners when possible and seeking input from interdisciplinary colleagues.
- Educate Albertan occupational therapists on restricted activities and seek to promote an understanding of the use of modalities (e.g.: acupuncture) or unique skill sets (e.g.: instrumental swallowing assessment) within a model of enabling occupation
- Encourage occupational therapists to develop increased awareness about practice issues across Canada
- Develop a strategy to address the role of occupational therapy within emerging (e.g.: HIV/AIDS programs) and marginalized practice areas (e.g.: mental health), seeking input from a variety of stakeholders, including rural/urban occupational therapists.